

NOV 23 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

 38805
 Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis County Registration District No. 720
 (b) Township Normandy Registration District No. 6532a
 (c) City Clayton Mo. (d) Street No. St. Louis County Hosp. St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Frances Hunter

(a) Residence, No. 1242 Purcell St. ☐ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert Hunter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 8, 1887/1871

7. AGE YEARS 35 MONTHS 66 DAYS 2 If LESS than 1 day, hrs. 7 or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Missouri
 (STATE OR COUNTRY)

13. NAME Frank Buschman
 14. BIRTHPLACE (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

15. MAIDEN NAME Don't Know
 16. BIRTHPLACE (CITY OR TOWN) Don't Know
 (STATE OR COUNTRY)

17. INFORMANT Robert Hunter
 (ADDRESS) 1242 Purcell Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Charles DATE Oct. 19/37

19. FUNERAL DIRECTOR Jos. W. Clark
 (ADDRESS) 1125 Hodiamont Ave.

20. FILED 10-18 Dr. J. Signorelli
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 11.00 P.M.
 The principal cause of death and related causes of importance were as follows:

Struck by automobile while pedestrian on a public highway. Date of onset 10/15/37

Other contributory causes of importance: fractured skull. 10/15/37

Name of operation none Date of _____
 What test confirmed diagnosis? Physician Was there an autopsy? YES

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? accident Date of injury 10/15, 1937
 Where did injury occur? Wellston, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Public Place
 Nature of injury Struck by auto, fractured skull

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

(Signed) John D. Connelley M. D.
 (Address) Carver, St. Louis Co.

STATEMENT BY LICENSED EMBALMER

I, Jos. W. Clark, Licensed Embalmer No. 1661

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____
working under my personal supervision.

Signed

Registered Apprentice No. _____

Jos. W. Clark.
Licensed Embalmer No. 1661

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)